

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/16/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155412	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/10/2015
NAME OF PROVIDER OR SUPPLIER GREENWOOD HEALTH AND LIVING COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 937 FRY RD GREENWOOD, IN 46142		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00163402.</p> <p>Complaint IN00163402 - Substantiated. Federal/State deficiencies related to the allegations are cited at F-333.</p> <p>Survey dates: February 9 & 10, 2014</p> <p>Facility number: 000509 Provider number: 155412 AIM number: 100266620</p> <p>Survey team: Diana Zgonc, RN-TC</p> <p>Census bed type: SNF: 4 SNF/NF: 92 Total: 96</p> <p>Census payor type: Medicare: 12 Medicaid: 75 Other: 9 Total: 96</p> <p>Sample: 3</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on February 13, 2015; by Kimberly Perigo, RN.</p>	F 000			
F 333 SS=G	483.25(m)(2) RESIDENTS FREE OF SIGNIFICANT MED ERRORS	F 333			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 333	<p>Continued From page 1</p> <p>The facility must ensure that residents are free of any significant medication errors.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure medication transcription admission procedures were followed according to facility policy which resulted in medication transcription errors, significant medication errors and resident hospitalization for 1 of 1 resident reviewed for significant medication errors in a sample of 3 (Resident #B, RN #1 and LPN #2).</p> <p>Findings include:</p> <p>The clinical record for Resident #B was reviewed on 2/9/15 at 9:40 a.m. Diagnoses for Resident #B included, but were not limited to, epileptic seizures and acute respiratory failure. The resident was originally admitted to the facility on 12/24/14 and readmitted on 1/10/15.</p> <p>The resident is care planned for and has a history of epileptic seizures and respiratory failure.</p> <p>Discharge Instructions from the hospital dated 1/10/15 at 11:58 a.m. indicated, "STOP taking these medicines" as follows: Gabapentin 300 mg (milligrams) by mouth 3 times a day (neurontin-treatment for neuropathy/pain) Mirtazapine 15 mg by mouth at bed time (Remeron-treatment for depressive disorder) Morphine (15 mg every 12 hours extended release) 30 mg, by mouth 2 times a day (opioid analgesic/treatment for pain)</p>	F 333	Past noncompliance: no plan of correction required.		

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F 333	<p>Continued From page 2</p> <p>Topiramate 25 mg by mouth 2 times a day (Topamax-treatment for convulsions) Venlafaxine (75 mg tablet) 150 mg by mouth every morning (Effexor-treatment for dementia)</p> <p>The medication administration record (MAR) for January 2015, indicated the resident received the following doses on 1/10, 1/11, 1/12 and 1/13/15: Gabapentin 300 mg - 7 doses administered Mirtazapine 15 mg - 4 doses administered Morphine 30 mg - 7 doses administered Topiramate 25 mg - 7 doses administered Venlafaxine 150 mg - 3 doses administered</p> <p>An "Event Report" dated 1/13/15 at 8:08 p.m., indicated Resident #B was found to be responsive only to hard sternum rub and having seizure like movements and transferred to the hospital emergency room.</p> <p>A hospital Critical Care Staff Progress Note dated January 16, 2015 at 13:53 (1:53 p.m.) indicated, "...the resident was transferred to the hospital after having a seizure for 30 minutes. He was given 5 mg of Versed (for prolonged seizures) during transport and then given narcan (naloxone- used for known or suspected opioid-induced respiratory distress) because he was lethargic and awoke ... more agitated on vent today... Altered mental status, ... He is not supposed to be on narcotics, but was positive on urine drug screen"</p> <p>A hospital Critical Care Staff Progress Note dated January 19, 2015 at 10:07 a.m., indicated "...the resident was extubated yesterday ...Impression and plan ... suspect component of polypharmacy (use of 4 or more medications)."</p>	F 333			

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F 333	<p>Continued From page 3</p> <p>During an interview with the Director of Nursing (DON) on 2/9/15 at 11:15 a.m., she indicated 2 nurses are supposed to sign off on the "Order Verification" form. The form verifies the admission information was recorded into the electronic record and had been checked by the 2nd nurse as correct.</p> <p>The undated "Order Verification" form for Resident #B's readmission orders were reviewed and were signed by RN #1 and LPN #2.</p> <p>During an interview with RN #1 on 2/10/15 at 9:35 a.m., she indicated she came from night shift and this was her first admission. She did not see the stop taking these medications on the hospital discharge orders.</p> <p>During an interview with LPN #2 on 2/9/15 at 3:30 p.m., she indicated she had been summoned to care for a resident before she finished the verification of the new admission orders but had already signed the "Order Verification" document.</p> <p>On 2/9/15 at 11:30 a.m., the DON provided the Nurse Admission Checklist, dated November 2014, and indicated the document was the one currently being used by the facility. Review of the document indicated, "... Orders Verified By Two Nurses ..."</p> <p>The Isolated Past Noncompliance of Actual Harm that is not Immediate Jeopardy and began on 1/10/15, and was corrected on 1/13/15, when the facility completed audits of the new admission medications and inserviced the staff. All new admissions are included in the Quality Assurance tool and now verified by the DON and/or the Unit Manager. The DON has the ability to review new</p>	F 333			

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F 333	<p>Continued From page 4</p> <p>admission orders from a remote sight if there is a new admission on a weekend or in the evening. The nurses have been inserviced and on going training continues. Staff are provided with mock new admission orders for input and are reviewed. Audits of new admission information will continue for at least 30 days and will be re-evaluated at that time if further audits are necessary. The correction date was prior to the start of the survey and was therefore Past Noncompliance.</p> <p>This Federal tag relates to Complaint IN00163402.</p> <p>3.1-48(c)(2)</p>	F 333			